Same To.

HSPTO

Deposit Account Statement

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Deposit Account Statement

Requested Statement Month:

Deposit Account Number:

Name:

Attention: Address:

City:

State: Zip: January 2001

501606

POLIT & ASSOCIATES, LLC

ROBERT B POLIT

8804 LAKE RIDGE DRIVE

DARIEN

IL

60561

DATE	SEC	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	АМТ	BAL
01/02 01/03 01/04 01/04 01/04 01/04 01/22 01/22 01/22 01/26 01/26 01/29 01/29 01/29 01/29 01/29	270 7 34 35 115 1 2 98 0	09390091	SEM4492P1140 SEM4492P1072	117 148 117 117 119 701 115 117 701	\$110.00 \$890.00	\$3,698.00 \$2,808.00 \$1,918.00 \$1,808.00 \$918.00 \$28.00 -\$282.00
	E	BALANCE	CHARGES	SUM OF REPLENISH \$6,000.00	END	

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EXHIBIT C